

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 14 1952

BIRTH NO. _____ REG. DIST. NO. 232 PRIMARY REG. DIST. NO. 4353 Registrar's No. 2

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gideon</u>		c. LENGTH OF STAY (In this place) <u>0720</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION. <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>James</u>	b. (Middle) <u>Allen</u>	c. (Last) <u>Loftis</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1 9 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12-20-1889</u>	9. AGE (In years last birthday) Months Days <u>62 0 20</u>	IF UNDER 1 YEAR Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Bee Branch, Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Dave Loftis</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane Patterson</u>	14. NAME OF HUSBAND OR WIFE <u>Dora Loftis</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>487-24-3232</u>	17. INFORMANT'S SIGNATURE OR NAME <u>+ Mrs. Carl Vaughn Loftis, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>INANITION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 mo. 1 Yr.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTHRITIS</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>725X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12-30, 1951, to 1-9, 1952 that I last saw the deceased alive on 1-9, 1952 and that death occurred at Gideon, Mo., from the causes and on the date stated above.

23a. SIGNATURE <u>J. S. Hopkins, MD.</u>	(Degree or title)	23b. ADDRESS <u>Gideon, Mo.</u>	23c. DATE SIGNED <u>1-10-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-12-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bigelow Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bigelow, Arkansas</u>
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DATE REC'D BY LOCAL REG. <u>1-10-52</u>	REGISTRAR'S SIGNATURE <u>Mrs. J. S. Hopkins</u>	456	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lloyd Russell Liggett, Ark.</u>	ADDRESS
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by ~~me~~, or by me

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working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Lloyd Russell

Licensed Embalmer No. 509- Ark.

P. O. Address Piggott, Arkansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.